

Traditional and Safety Net Provider as Primary Care Physician Report Calendar Year 2001

Section 12693.37 of the California Insurance Code requires the Managed Risk Medical Insurance Board (MRMIB) to contract with a wide range of health plans to provide subscribers a choice among a "reasonable number and types of competing health plans." In selecting health plans, MRMIB is instructed to take reasonable steps to assure that the range of choices available to each subscriber includes plans that 1) have signed contracts with Traditional and Safety Net (T&SN) providers and 2) have included these providers in their networks. The California Insurance Code further requires plans to submit to MRMIB an annual report on the number of subscribers who selected T&SN providers as their primary care physician during the previous calendar year. This report summarizes the information provided by participating health plans for subscribers enrolled during calendar year 2001.

BACKGROUND

MRMIB has defined T&SN providers as providers who belong to at least one category of providers who have historically served uninsured children. The definition was the result of extensive public discourse on how best to define T&SN providers of the HFP eligible population. The three categories of providers are defined in the California Code of Regulations, Section 2699.6805 as:

- 1) Providers, except clinical laboratories, participating in the Child Health Disability Prevention (CHDP) Program that provided service to an uninsured child.
- 2) Clinics, including community clinics, free clinics, rural health clinics, and county owned and operated clinics that provided service to at least one child enrolled in the Medi-Cal program.

- 3) Hospitals designated by the Department of Health Services as a "disproportionate share hospital", university teaching hospitals, children's hospitals, and county owned and operated general acute care hospitals.

Each year a list of T&SN providers is generated using this definition. The primary use of the list is to designate a "Community Provider Plan" (CPP) in each county. The CPP is the health plan in each county that has done the best job of including T&SN providers in its provider network. Subscribers who select the CPP are offered a premium discount of \$3 per child per month. This discount reflects policy makers' interest in providing an incentive for subscribers to give special consideration to the health plan with the highest percentage of T&SN providers in its network.

Exhibit A presents the current CPP designations for the highest scoring health plans for each county.

REPORT METHODOLOGY

Consistent with the provisions of California Insurance Code Section 12693.37, MRMIB requested all HFP health plans to report the number of HFP children who had a T&SN provider as their primary care physician during calendar year 2001 and to indicate whether the T&SN primary care physician was assigned by the health plan or selected by the applicant.

MRMIB linked health plan data with data collected from the original applications to add information related to ethnicity of the subscribers, primary language of the applicant (usually a parent) and family income level.

FINDINGS

HFP Subscribers with a T&SN Primary Care Physician

Twenty-three plans that participated in the HFP and used a primary care provider to coordinate children's health care needs provided data to MRMIB.

Table 1 presents the percentage of subscribers, by health plan, which had T&SN providers as their primary care physician for calendar years 2001, 2000 and 1999.

HFP children enrolled in plans using a primary care physician model and had T&SN providers as their primary care physician increased to 61 percent, a 7 percentage point increase over the 54 percent rate achieved in 2000, and a 10 percentage point increase over the 51 percent rate achieved during 1999.

Table 1

Health Plan	2001	2000	1999
Alameda Alliance for Health	90%	84%	60%
Blue Cross - HMO	79%	41%	78%
Blue Shield - HMO	14%	14%	18%
CalOptima	48%	51%	64%
Care1st Health Plan	100%	n/a	n/a
Central Coast Alliance for Health	46%	79%	69%
Community Health Group	49%	84%	96%
Community Health Plan	65%	69%	61%
Contra Costa Health	99%	75%	100%
Health Net	31%	43%	17%
Health Plan of San Joaquin	93%	89%	84%
Health Plan of San Mateo	72%	95%	100%
Inland Empire Health Plan	100%	72%	37%
Kern Health Systems	100%	100%	100%
LA Care Health Plan	73%	51%	37%
Molina	65%	91%	84%
Santa Barbara Regional Health Authority	96%	92%	99%
Santa Clara Family Health	84%	86%	76%
San Francisco Health Plan	100%	100%	100%
Sharp Health Plan	86%	77%	43%
UHP Health	44%	74%	43%
Universal Care	54%	79%	79%
Ventura County Health Sys	94%	93%	97%

Program Average for Plans Utilizing a Primary Care Physician Model	61%	54%	51%
--	-----	-----	-----

The aggregate use of T&SN providers is under-stated in this report because a large percentage of the HFP population is served by two commercial plans who do not utilize a primary care physician model for delivery of services. Blue Cross and Blue Shield EPOs contract with many T&SN providers, yet, they are excluded from this report. Kaiser Permanente uses a closed network and did not submit any data on the use of T&SN providers. These plans represent approximately 25 percent of the total HFP enrollment during the reporting period.

Additionally, T&SN providers in any health plan may provide services beyond those of a primary care physician to HFP children. These activities are not captured in this report.

HFP subscribers selecting versus assigned a T&SN primary care physician

In general, most HFP subscribers with a T&SN primary care physician selected their primary care physician. The HFP application provides an opportunity for applicants to select their child's primary care provider. Administrative policies among plans vary in terms of assignment and/or selection of a primary care physician. Certain plans require subscribers to select a primary care provider while others do an automatic assignment.

The selection of a primary care provider is optional on the application. This means an application will be processed irrespective of whether a primary care provider is selected. When the primary care provider is specified this information is forwarded to the health plan by the HFP administrative vendor.

Table 2 compares the percentage of subscribers who selected or were assigned a T&SN provider. It should be noted that while some health plans may assign primary care physicians to subscribers who do not select a primary care physician at the time of enrollment, subscribers are allowed to select a new primary care physician on a monthly basis.

Table 2

Health Plan	Assigned	Selected
Alameda Alliance for Health	2%	98%
Blue Cross - HMO	36%	64%
Blue Shield - HMO	0%	100%
CalOptima	14%	86%
Care1st Health Plan	38%	62%
Central Coast Alliance for Health	46%	54%
Community Health Group	42%	58%
Community Health Plan	18%	82%
Contra Costa Health	69%	31%
Health Net	1%	99%
Health Plan of San Joaquin	0%	100%
Health Plan of San Mateo	11%	89%
Inland Empire Health Plan	19%	81%
Kern Health Systems	37%	63%
LA Care Health Plan	0%	100%
Molina	11%	89%
Santa Barbara Regional Health Authority	100%	0%
Santa Clara Family Health	0%	100%
San Francisco Health Plan	59%	41%
Sharp Health Plan	17%	83%
UHP Health	25%	75%
Universal Care	12%	88%
Ventura County Health Sys	45%	55%
Total Plans with Primary Care Physician Model	24%	76%

SUBSCRIBER DEMOGRAPHICS

Subscribers with a T&SN primary care physician by ethnicity

Table 3 presents data on the percentage of children by major ethnic category that have a T&SN provider as their primary care physician. Over 60 percent of the Asian/Pacific Islander subscribers and Hispanic/Latino subscribers received primary care services from T&SN providers.

Table 3

Ethnicity	% of Study Population	% with T&SN Provider
Hispanic / Latino	61%	64%
Asian/Pacific Islander	14%	65%

White	11%	50%
African American	3%	56%
American Indian/ Alaskan Native	<1%	56%
Other/ Did not Identify	11%	54%

Subscribers with a T&SN primary care physician by language

Table 4 presents data on the percentage of children that have a T&SN provider as their primary care physician by primary language of the applicant. Based on the information on “primary language” obtained from the application, 66 percent of Spanish speaking households used a T&SN physician as their primary care physician. The other major languages with T&SN providers (English, Korean, Cantonese, Mandarin, and Vietnamese) were in the 56 to 65 percent range.

Table 4

Primary Language of Applicant	% of Study Population	% with T&SN Provider
Spanish	47%	66%
English	40%	56%
Chinese Languages*	3%	58%
Vietnamese	2%	59%
Korean	2%	65%
Other	5%	61%

*Cantonese or Mandarin

Twenty-six (26) languages are included in the “Other” category for the HFP applicant primary language.

Subscribers with a T&SN primary care physician by income level

Families eligible for the HFP have household incomes between 100-250% of the Federal Poverty Level.

Table 5 presents data on the percentage of children that have a T&SN provider as their primary care physician by Federal Poverty Level (FPL).

Table 5

Percent FPL	% of Study Population	% with T&SN Provider
-------------	-----------------------	----------------------

100% -- 150% of FPL	39%	63%
150% -- 200% of FPL	39%	62%
200% -- 250% of FPL	22%	60%

Based on the above results, income levels among the HFP population does not appear to be a factor on the choice or use of T&SN primary care providers.

SUMMARY

This report summarizes calendar year 2001 data for Healthy Families Program subscribers using T&SN providers as their primary care physician. Based on the HFP population enrolled in the 23 plans utilizing the primary care physician model, **61 percent** either selected or were assigned to a T&SN primary care physician, a **7 percentage point** increase over calendar year 2000 and a **10 percentage point** increase over calendar year 1999.

These changes reflect the increased efforts in attracting and recruiting T&SN physicians by the participating plans, the effect of incentives provided through the Community Provider Plan's \$3 discount, greater applicant education and increased flexibility in the application process relative to the choices available at the time of application and during enrollment.

As shown in Exhibit A, overall results in this study **under-represent** the involvement of T&SN providers in serving HFP children.

Blue Cross - EPO was the designated Community Provider Plan (the health plan in each county that has done the best job of including T&SN providers in its provider network) in over 50 percent of the counties, yet because they do not use a primary care physician model for delivery of services, they are excluded from the report. Based on Blue Cross' success in providing the HFP population with T&SN providers, and its extensive coverage throughout the State, it can be estimated that the aggregate use of T&SN providers would be significantly higher if the Blue Cross-EPO data was included.

Differences between ethnic groups, primary language groups and income levels do not reveal significant

variation in provider selection tendencies in the HFP population.

Exhibit A - Current 2002/03 Community Provider Plan designations.

County	CPP Designated Plan
Alameda	Alameda Alliance
Alpine	Blue Cross EPO
Amador	Blue Cross EPO
Butte	Blue Cross EPO
Calaveras	Blue Cross EPO
Colusa	Blue Cross EPO
Contra Costa	Contra Costa Health Plan
Del Norte	Blue Cross EPO
El Dorado	Blue Cross EPO
Fresno	Blue Cross HMO
Glenn	Blue Cross EPO
Humboldt	Blue Cross EPO
Imperial	Blue Cross EPO
Inyo	Blue Cross EPO
Kern	Kern Health Systems
Kings	Blue Cross EPO
Lake	Blue Cross EPO
Lassen	Blue Cross EPO
Los Angeles	Community Health Plan
Madera	Blue Cross EPO
Marin	Blue Cross EPO
Mariposa	Blue Cross EPO
Mendocino	Blue Cross EPO
Merced	Blue Cross EPO
Modoc	Blue Cross EPO
Mono	Blue Cross EPO
Monterey	Central Coast Alliance for Health
Napa	Health Net
Nevada	Blue Cross - EPO
Orange	Cal OPTIMA
Placer	Health Net
Plumas	Blue Cross EPO
Riverside	Inland Empire Health Plan
Sacramento	Blue Cross HMO
San Benito	Blue Cross EPO
San Bernardino	Inland Empire Health Plan
San Diego	Community Health Group
San Francisco	San Francisco Health Plan
San Joaquin	Health Plan of San Joaquin
San Luis Obispo	Health Net
San Mateo	Health Plan of San Mateo
Santa Barbara	Santa Barbara Health Authority
Santa Clara	Santa Clara Family Health Plan
Santa Cruz	Central Coast Alliance for Health
Shasta	Blue Cross EPO
Sierra	Blue Cross EPO
Siskiyou	Blue Cross EPO
Solano	Blue Cross - EPO
Sonoma	Health Net
Stanislaus	Blue Cross HMO
Sutter	Blue Cross EPO
Tehama	Blue Cross EPO
Trinity	Blue Cross EPO
Tulare	Blue Cross EPO
Tuolumne	Blue Cross EPO